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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/22/2014 3:52 PM Fee Receipt: \$40.00

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

AL	ISON LUNDERGAN GRIME	es, Sechelani Oi		
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Compa	any		KLC
Pursuant to KRS 14A and KRS	275, the undersigned applies to	qualify and for that purp	ose submits the fol	lowing statements
Article I: The name of the limite Haven Home & Garden, L	d liability company is LC			
Article II: The street address of 360 Andover Drive	the limited liability company's in	nitial registered office in h Lexington	Kentucky is Kentucky	40502
Street Address Only (No Post Office	Sar	city ra Luftman	State	ZIp Code
and the name of the initial regis	tered agent at that office is			
Article III: The mailing address 360 Andover Drive	of the limited liability company's	s initial principal office is Lexington	Kentucky	40502
Street Address or Post Office Box N	lumber	City	State	Zip Code
A. a manager(s).  B. its member(s).  Article V: This application will	company is to be managed by (note that the company is to be managed by (note that the company is to the date the company is to be managed by (note that the company is to be managed by (note that the company is to be managed by (note that the company is to be managed by (note that the company is to be managed by (note that the company is to be managed by (note that the company is to be managed by (note that the company is to be managed by (note that the company is to be prior to the date the company is to be prior to the date the company is to be prior to the date the company is	a delayed effective date a		
· Can		ara Luttman- Presid	regoing is true and c	orrect.
Signature of Organizer	De	nted Name & Title Drothy Lou Maloney Tred Name & Title	/- Secretary	1 × /10/14
Sara Luftman		sent to serve as the registered ag ara Luftman	ent on behalf of the limited	i liebility company.
Signature of Registyred Ager	. Je	nted Name	Date Date	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

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